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ABSTRACT

Trainees in the Consortium Training Program included residents in psychiatry, pediatrics, and internal medicine; medical students; interns in psychology; and graduate students in social work and nursing. Training involved supervised direct patient contacts in an interdisciplinary setting and weekly half-day seminars (consisting of 90-minute team-taught didactic session, one-hour interdisciplinary case conference, and formal presentation at psychiatry grand rounds). A 54-item, 6-part questionnaire consisting of 42 rating and 12 essay questions measured the reactions of 38 trainees (18 from social work and nursing, 20 from psychology and psychiatry) to their didactic and practicum experiences. Trainees rated each of the 39 seminars on a scale of 1 to 4 in terms of usefulness. Seminar topics were grouped into three areas: clinical skills; mental health information; and social, cultural, and organizational issues. Rating scales were also used to measure reactions to participation in case conferences and field practicum experiences involving direct patient contact. Essay questions solicited suggestions for program modifications. Findings indicated that the seminars were considered useful by all trainees, although the social work and nursing students were somewhat more positive about the seminars, and that psychology interns and psychiatry residents ranked practicum experiences higher in terms of interchangability of professional skills. (NQA)

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STUDENT ASSESSMENT OF INTERINSTITUTIONAL INTERDISCIPLINARY BARRIO PRIMARY CARE-MENTAL HEALTH TRAINING PROGRAM OVER THREE YEARS

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Introduction:

The Report of the Special Populations Subpanel on Mental Health of Hispanic Americans noted that providers of health and mental health care to Hispanics must have a thorough understanding of, and sensitivity to, the linguistic and sociocultural characteristics of their clients, as well as a knowledge of their communication and interpersonal styles (Task Panel Reports Submitted to the President's Commission on Mental Health, 1978). Furthermore, the Panel recommended that:

> Culture-specific models of service delivery be developed and implemented which integrate the traditional values and support systems of Hispanic-Americans with conventional treatment modalities such as those provided by psychiatrists and psychologists. Implicit in this recommendation is the assumption that such models will differ as a function of the particular sociocultural backgrounds of individual Hispanics (Ibid., 1978).

In order to assess the effectiveness of a culture-specific interinstitutional, interdisciplinary training program, participants in such a program were asked to rate three dimensions of the educational program. The findings of this survey are the subject of this paper. To facilitate the presentation of this study, the Consortium structure, the program objectives, the field setting, the training model, the sample, the study design, the findings and implications will be discussed.

Consortium Structure:

The Houston Primary Care Mental Health Training Consortium spanned three educational institutions: Baylor College of Medicine, the University of

Texas Health Science Center School of Nursing at Houston, and the University of Houston Graduate School of Social Work; as well as two service agencies: the Mental Health and Mental Retardation Authority of Harris County, a public provider of mental health services, and the Harris County Hospital District, a tax supported provider of health services. All of these institutions are bound together by their common desire to improve the quality of health and mental health services available to the people of Houston. The Consortium was formed to demonstrate the effectiveness of a specialized training program using an interdisciplinary approach to the provision of comprehensive health care.

The Consortium Training Program goals were to:

1) provide training geared to specific service needs;
2) enhance the mental health care skills of all participants;
3) promote interdisciplinary teaming; and
4) engender psychosocial and cross-cultural perspectives in the delivery of health and mental health services.

The Field Setting:

The Consortium Training Program was initiated in July of 1977 at the Casa de Amigos (House of Friends) Neighborhood Health Center, through a grant from the Services Manpower Research Development Programs of the Division of Manpower and Training, National Institute of Mental Health. Located in a large barrio in north central Houston, this facility is a neighborhood social service and medical care center which is jointly operated by the Harris County Hospital District, the Mental Health and Mental Retardation Authority of Harris County, the Houston Public Health Department and the Methodist Board of Missions. The mental health center itself serves a catchment area of 135,550 persons. This training site was chosen because the

center's mission was to provide comprehensive services to meet the needs of the low income, predominantly Mexican-American population of the surrounding community; to provide both primary care and mental health service programs within a single structure; and to deliver primary care through dyadic teams (one for pediatric and the other for adult care) composed of physicians, nurses and nutritionists. Two of the Consortium's participating educational institutions (the Graduate School of Social Work of the University of Houston and the Baylor College of Medicine) actively used the facility for training purposes.

The Training Model:

The Program's trainees included (1) residents in psychiatry, pediatrics, and internal medicine; (2) medical students; (3) interns in psychology; and (4) graduate students in social work and nursing. The model consisted of two educational components: supervised direct patient contacts in an interdisciplinary setting and a weekly half-day seminar consisting of a 90-minute team-taught didactic session, a one-hour interdisciplinary case conference, and a formal presentation at psychiatry grand rounds.

Instruction was provided by an interinstitutional, interdisciplinary faculty from the disciplines of primary care, psychiatry, psychology, social work, nursing, anthropology, and sociology. The primary modes of instruction were the field practicum and didactic instruction.

Practicum: The portion of the program defined as field practicum included participation in the delivery of supervised health and mental health services at the Casa de Amigos Neighborhood Health Center. Social work and nursing students were assigned specific times to perform psychosocial evaluations.

The primary care physician-trainee introduced the patient to the mental health trainee on call. After an initial interview with the patient, the mental health trainee conferred with the primary care physician-trainee to share findings and coordinate planning. Social work and nursing students assumed responsibility for working with those patients who were experiencing psychosocial conflicts. Weekly team meetings were held to review and coordinate ongoing treatment with patients being seen by the team. Core faculty members of the Consortium were present at Casa de Amigos to supervise the trainees. These direct clinical experiences were augmented by additional community experiences, such as home visits by a physician and social work student, and site visits to such related community agencies as emergency mental health centers, in-patient mental health units, and community programs serving similar populations.

The psychology and psychiatry trainees both served as consultants to social work and nursing trainees, and saw patients that required medication and/or in-depth diagnostic evaluation.

Didactic: The didactic component consisted of a series of weekly lectures dealing with basic concepts in primary care and mental health. This component was designed to meet the needs of the various kinds of students. One series of didactic experiences was presented at Casa de Amigos for the primary care/community medicine trainees. A second and third series of didactic experiences was provided for the mental health trainees (nursing, social work, psychiatry and psychology) at the Baylor College of Medicine. The format for these experiences was combined lecture and discussion around clinical issues pertinent to all disciplines.

Due to the fact that trainees rotated on different academic schedules, each discipline participated in the program for varying periods of time during

the year. For example, the social work students, psychology interns, and graduate psychiatric nursing students were present for the entire calendar year. Psychiatric residents, however, were present for only six months; and residents in medicine and pediatrics were in the program for eight and four weeks, respectively. Medical students rotated on a split schedule, some being present for four weeks and others for eight weeks. The primary care/community medicine trainees (including internal medicine residents, and pediatric residents) participated in formal educational experiences during the time that they were present at the field site.

Mental health trainees (psychiatry, psychology, nursing and social work) participated in a year-long educational experience designed to meet training objectives specifically related to their educational needs. The psychiatry residents and the psychology interns comprised one group, the secondary mental health team. These trainees participated in a series of thirty-six weekly seminars. The second group, made up of graduate nursing and social work students, simultaneously functioned as members of the primary medical care teams and participated in a series of seminars dealing with the provision of mental health services in primary care settings. Each seminar included a team presentation in the form of a lecture by two faculty mebers as well as a period for discussion following the presentations. Sharing of information across disciplinary boundaries was encouraged.

All mental health trainees participated in case presentations which usually lasted one hour. All trainees (i.e., social work, nursing, psychology interns, and psychiatric residents) took turns in presenting an ongoing treatment case, following which the group made recommendations based upon the presentation. Approximately once a month, a site visit was made to a

community agency. In addition, the social work and nursing trainees concurrently pursued course work at their home institutions for a degree or certification in their respective disciplines.

Members of the Consortium faculty and selected students provided inservice training and continuing education for non-Consortium staff at Casa de Amigos. Harris County Hospital District (HCHD) and Mental Health and Mental Retardation Authority (MHMRA) staff members had an opportunity to work together with Consortium faculty and trainees as well as to participate in didactic presentations.

Subjects

The subjects were 38 trainees from the disciplines of social work, nursing, psychology, and psychiatry. For purposes of this study, social work and nursing were treated as one group (N=18), and psychology and psychiatry as a second group (N=20).

The Study:

One of the Consortium's principal goals was to develop, implement, and evaluate a generic primary care mental health curriculum. In order to obtain a measure of the success of this endeavor and to continually improve the educational potential of the curriculum, a trainee feedback questionnaire was designed to measure the reactions of mental health trainees to their didactic and practicum experiences in the Consortium Training Program.

A fifty-four item, six part questionnaire consisting of 42 rating and twelve essay questions was constructed. Participants were asked to rate each of the 39 seminars on a scale of 1 to 4 in terms of usefulness. Rating scales were also used to measure reactions to participation in case conferences and field practicum experiences involving direct patient contact. Other items were designed to solicit suggestions for modifications in these aspects of the program.

The order and subject matter of the didactic sessions varied from year to year. The input from each year's student evaluations was used to refine curriculum for the succeeding year. For purposes of examining the trainees' reactions to the seminars, the topics were grouped into three areas: (1) clinical skills; (2) mental health information; and (3) social, cultural, and organizational issues.

Results: Table 1 shows the percentages of seminar time devoted to the topic areas for the two groups of trainees. It is of interest that the number of seminars devoted to clinical skills decreased with successive years for the social work-psychiatric nursing students. The percentage of seminar time devoted to mental health information remained slightly over 50% throughout for this group and decreased markedly from year to year for the psychology and psychiatry trainees. There was a concomitant increase in time for social, cultural, and organizational issues for both groups of trainees, although this was more pronounced among the psychology and psychiatry than the social work and psychiatric nursing trainees.

TABLE 1

PERCENTAGE OF SEMINARS DEVOTED TO DIFFERING CONTENT (TOPIC) AREAS

BY DISCIPLINES

CONTENT	YEAR 01	02	03	$\bar{X}$ TOTAL
CLINICAL SKILLS (Methods)				
SOCIAL WORK/PSY NURSING	8	9	2	6
PSYCHOL/PSYCHIATRY	8	16	9	11
MENTAL HEALTH (Theory) INFORMATION				
SOCIAL WORK/PSY NURSING	63	52	52	56
PSYCHOL/PSYCHIATRY	63	23	13	33
SOCIAL, CULTURAL, AND ORGANIZATIONAL ISSUES (Ethnic content)				
SOCIAL WORK/PSY NURSING	29	39	46	38
PSYCHOL/PSYCHIATRY	29	61	78	56

The seminars were rated individually by the two groups of trainees, and their ratings were aggregated by topic areas. The overall results suggest that the seminars were considered useful by all the trainees, although the social work and nursing students were somewhat more positive about the seminars than were the psychology interns and psychiatry residents.

Mean ratings for five dimensions of the case conferences are depicted in Table 2. Overall the social work and nursing trainees tended to rate the case conferences higher. Across disciplines the case conference ratings were in the useful range.

Practicum experiences were rated in a manner similar to case conferences and seminars. Table 3 shows the trainees' ratings on six dimensions of the field practicum. As was true in the ratings of case conferences (Table 2), the ratings of the field practicums were similar across disciplines.

One finding of interest is that psychology interns and psychiatry residents ranked practicum experiences higher, in terms of interchangability of professional skills, than did social work and psychiatric nursing students. In the third year, the rankings of the psychosocial and cross-cultural aspects of the practicum experience were very similar as were the mean ratings of the practicum experiences and didactic instruction.

TABLE 2

Case Conference $\bar{X}$ Ratings By Five Dimensions

Social Work/Nursing Trainees

	N = 18	Year			$\bar{X}$
	Dimension	01	02	03	Average by Dimension for 3 years
1.	Primary Care MH Skills	4.00	3.13	2.86	3.33
2.	Interdisciplinary Teaming	2.67	3.00	2.71	2.79
3.	Problem-Solving Skills	4.00	3.25	3.14	3.46
4.	Cross-Cultural-Psychosocial Aid	3.00	3.50	3.14	3.21
5.	Application to Practice	2.33	3.38	3.29	3.00
	Average By Year	3.20	3.25	3.02	3.15

Psychology-Psychiatry Trainees

	N = 20	Year			$\bar{X}$
	Dimensions	01	02	03	for 3 years
1.	Primary Care MH Skills	3.00	2.25	2.22	2.49
2.	Teaming Skills	3.00	3.00	2.67	2.87
3.	Problem-Solving Skills	3.00	2.50	2.44	2.65
4.	Cross-Cultural-Psychosocial Aid	3.50	3.13	3.00	3.21
5.	Application to Practice	4.00	2.38	2.67	3.02
	Total by Year	3.3	2.65	2.60	2.84
	N = 38 $\bar{X}$ Totals Across Disciplines	3.25	2.95	2.81	3.00

Scale: 1 Least Useful
4 Most Useful

TABLE 3

Practicum $\bar{X}$ Ratings By Six Dimensions

Social Work/Nursing Trainees

	Dimension N=18	Year 01	02	03	Three year average by dimension
1.	Primary Care MH Skills	3.00	3 38	3.29	3.22
2.	Function Effectively in Primary Care	3.33	3.38	3.29	3.33
3.	Capacity to Practice in Barrio	3.67	3.50	3.00	3.39
4.	Clarification of inter-disciplinary roles	3.00	3.38	2.88	3.09
5.	Interchangeability of Prof Skills	3.00	3.13	2.71	2.94
6.	Problem-Solving Skills	3.30	3.12	3.00	3.15
	Average by Year	3.22	3.31	3.03	3.19

Psychology/Psychiatry Trainees

	Dimension N=20	Year 01	02	03	Three year average by dimension
1.	Primary Care MH Skills	4.00	2.38	2.44	2.94
2.	Function Effectively in Primary Care	4.00	2.50	3.11	3.20
3.	Capacity to Practice in Barrio	4.00	2.50	2.89	3.13
4.	Clarification of inter-disciplinary roles	4.00	2.88	3.00	3.29
5.	Interchangeability of Prof Skills	4.00	2.75	2.78	3.18
6.	Problem-Solving Skills	4.00	2.50	2.78	3.09
	Average by Year N=38	4.00	2.58	2.83	3.14
Totals Across Disciplines		3.61	2.95	2.93	3.16

Scale: 1 Least useful
4 Most useful

Conclusions and Recommendations:

Despite the intention of establishing a generic mental health curriculum, the project did not achieve a didactic format that met the expressed needs of each of the disciplines represented by the Consortium trainees equally well. A certain degree of consensus nevertheless was reached. For example, the didactic presentations and the discussions concerning interdisciplinary teamwork proved to be almost unversally more frustrating than informative, whereas clinical issues and sociocultural dimensions of normal and abnormal behavior generally were perceived as highly relevant. The expenditure of effort toward creating a generic curriculum that is equally useful for all trainees from a broad range of primary care and mental health fields was, however, a frustrating pursuit not suggested for other projects. The devotion of time and effort to didactic teaching about interdisciplinary teamwork seems to be especially fruitless. On the other hand, despite initial resistance on the part of the Casa de Amigos agency personnel, and the fact that true primary care teams were never fully established at the field site, the practicum training model as established was a close approximation of its intended form. It was seen as providing a valuable educational experience by most of the trainees, and eventually won the approval and support of the agency's staff. It should be underscored that no team oriented activities were undertaken to any great extent, such as regular problem solving team meetings.

Based upon the Consortium Training Program's experience, we recommend that primary care/mental health educational efforts focus on patient care issues and concentrate upon field training sites; and provide instruction, in order of importance, by: (a) faculty role-modeling and supervision; (b) interdisciplinary case conferences; and (c) didactic sessions dealing with

a mixture of clinical and sociocultural considerations in patient care. These activities also could serve as inservice training vehicles for agency staff, and could foster interagency dialogue and cooperation. Additional didactic efforts would be conducted best by the separate disciplines participating in their respective academic departments and programs.

This project has shown that mental health services can be integrated into a primary care setting to render comprehensive patient care, and that effective training can be provided within a comprehensive care setting. We recommend that, insofar as it is possible, mental health services and primary care delivery be integrated, and that primary care and mental health trainees receive at least a portion of their professional education in such a comprehensive care context.

References

Report to the President's Commission on Mental Health from the Special Populations Sub-Task Panel on Mental Health of Hispanic Americans, Los Angeles: Spanish Speaking Mental Health Research Center, May, 1978.